

N.E.T. (Nursing Entrance Test) Application Form
You are limited to taking the N.E.T. exam 2 times in a calendar year

Name: _____ SS or UH ID #: _____

Address: _____ Phone #: _____

City, State, Zip: _____ e-mail: _____

Pager/cell ph./or contact in case of cancellation: _____

TEST DATE DESIRED: _____ TIME OF TEST: _____

Test Fee: \$30 MAKE CHECK OUT TO UH MANOA. *Deadline for payment: 1 week before test date.*
Application deadline is one (1) week before the desired testing date. After the deadline, only cash, cashier's check, or money orders are accepted for payment. *Walk-ins on the day of test pay \$40 by CASH ONLY, admitted if space is available.*

LOCATION OF TEST SITE: 2528 MCCARTHY MALL, WEBSTER HALL, ROOM 310 (COMPUTER LAB).

Day of Test:

- 1. BE AT WEBSTER 310 (COMPUTER LAB) AT YOUR TEST TIME. (Allow extra time to find parking)**
- 2. BRING PHOTO ID WITH YOUR NAME ON IT (I.E. STATE ID, DRIVER'S LICENSE, OR UH ID.)**
- 3. BRING A COPY OF YOUR APPLICATION/RECEIPT OF PAYMENT.**

Cancellation Policies:

- ▶ To *change or cancel* your scheduled test date you must call 956-8939 **at least one week prior** to your scheduled test date, otherwise **NO REFUND of the \$30 TEST FEE** will be given.
- ▶ **NO REFUND of the \$30 TEST FEE** will be given to applicants who are a NO SHOW OR DO NOT CALL 956-8939 to cancel by 4:30PM, the Friday before the test.

NOTE: The Dept. of Nursing may cancel the test if there are less than 10 applicants registered by one week prior to the test date.

FOR OFFICE USE ONLY:

Application and \$30 fee received: Date _____ By: _____

Paid by: Cash _____ Check _____ Money Order _____

Cancellation Notification: Date _____

Notified by : Phone _____ Left Message _____ By applicant _____
By OSS _____ Pager _____ e-mail _____